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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	2158
First Named Inventor	Hillegass et al.
COMPLETE IF KNOWN	
Application Number	/
Filing Date	HEREWITH
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Licensed Digital Material Distribution System and Method

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/200,193	4/28/2000	<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number OR Correspondence address below

Name Beck & Tysver, P.L.L.P.

Address 2900 Thomas Avenue South, Suite 100

Address

city Minneapolis	State MN	ZIP 55416-4477
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Country USA	Telephone 612-915-9633	Fax 612-915-9637
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :	<input type="checkbox"/> A petition has been filed for this unsigned inventor
----------------------------------	---

Given Name (first and middle [if any]) James C.	Family Name or Surname Hillegass
--	-------------------------------------

Inventor's Signature	Date
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Residence: City Woodland	State MN	USA Country	Citizenship USA
--------------------------	----------	----------------	-----------------

Mailing Address 18150 Breezy Point Rd.

Mailing Address

city Woodland	State MN	ZIP 55391	Country USA
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--------------------------	---

Given Name (first and middle [if any]) Yaobing	Family Name or Surname Deng
---	--------------------------------

Inventor's Signature	Date
-------------------------	------

Residence: City Minneapolis	State MN	USA Country	Citizenship USA
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Mailing Address 911 - 22nd Avenue South

Mailing Address Apt. 162

city Minneapolis	State MN	ZIP 55404	Country USA
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Additional inventors are being named on the 4 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION
ADDITIONAL INVENTOR(S)
Supplemental Sheet
 Page 1 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Mark			Eastom				
Inventor's Signature						Date	
Residence: City	New Brighton	State	MN	Country	USA	Citizenship	USA
Post Office Address	53 - 15th Avenue SW						
Post Office Address							
City	New Brighton	State	MN	ZIP	55112	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Richard R.			Fritz				
Inventor's Signature						Date	
Residence: City	Maple Grove	State	MN	Country	USA	Citizenship	USA
Post Office Address	8425 Passfield Turn						
Post Office Address							
City	Plymouth	State	MN	ZIP	55447	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
John C.			Gateley				
Inventor's Signature						Date	
Residence: City	Plymouth	State	MN	Country	USA	Citizenship	USA
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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 2 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
James A.		Grinsfelder					
Inventor's Signature							Date
Residence: City	St. Paul	State	MN	Country	USA	Citizenship	USA
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Post Office Address							
City	St. Paul	State	MN	ZIP	55105	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Stephen A.		Grove					
Inventor's Signature							Date
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Post Office Address							
City	Minneapolis	State	MN	ZIP	55406	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Eric Steven		Hockett					
Inventor's Signature							Date
Residence: City	Minneapolis	State	MN	Country	USA	Citizenship	USA
Post Office Address	322 Clifton Ave. #102						
Post Office Address							
City	Minneapolis	State	MN	ZIP	55403	Country	USA

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PTO/SB/02A (3-97)
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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>4</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Nikolay G.				Sokratov			
Inventor's Signature					Date		
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Post Office Address							
City	St. Louis Park	State	MN	ZIP	55416	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
James G.				Swanson			
Inventor's Signature					Date		
Residence: City	St. Paul	State	MN	Country	USA	Citizenship	USA
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City	St. Paul	State	MN	ZIP	55116	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
John S.				Thompson			
Inventor's Signature					Date		
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Post Office Address							
Post Office Address							
City	Afton	State	MN	ZIP		Country	USA

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Paul E.			Onnen				
Inventor's Signature						Date	
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